I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EL 984097164 US, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: September 19, 2005

Signature: //owan Seen)

Patent Docket No. 219002028310

SEP 1 9 2005

OIP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

re Patent Application of: Babu J. MAVUNKEL et al.

Serial No.: 10/076,131

Filing Date: February 13, 2002

For: COMPOUNDS AND METHODS TO

TREAT CARDIAC FAILURE AND

OTHER DISORDERS

Examiner: C. Chang

Group Art Unit: 1625

INFORMATION DISCLOSURE STATEMENT UNDER 37 C.F.R. § 1.97 & 1.98

MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Dear Sir:

Pursuant to 37 C.F.R. § 1.97 and § 1.98, Applicants submit for consideration in the above-identified application the documents listed on the attached Form PTO/SB/08a/b. Copies of non-patent literature documents numbered 31, 35, 39, 49, and 62 are submitted herewith. However, copies of the remaining documents cited in the attached Form PTO/SB/08a/b were previously submitted in an Information Disclosure Statement and/or Office Action, directed to the related applications: Serial Number 09/316,761, filed May 21, 1999, now United States Patent Number 6,589,954, and Serial Number 09/275,176, filed March 24, 1999, now United States Patent Number 6,340,685, and Serial Number 09/128,137, filed August 3, 1998, now United States Patent Number 6,130,235, and, accordingly, copies are not included herewith. This protocol conforms with 37

C.F.R. §1.98(d) and M.P.E.P. 609(A)(2). The Examiner is requested to make these documents of record in the application.

This Information Disclosure Statement is submitted:

| | With t | th the application; accordingly, no fee or separate requirements are required. | | | |
|-------------|---|--|--|--|--|
| \boxtimes | Before the mailing of a first Office Action after the filing of a Request for Continued | | | | |
| | Exami | nation under § 1.114. However, if applicable, a certification under 37 C.F.R. § 1.97 | | | |
| | (e)(1) 1 | has been provided. | | | |
| | Within | three months of the application filing date or before mailing of a first Office Action | | | |
| | on the | merits; accordingly, no fee or separate requirements are required. However, if | | | |
| | applica | able, a certification under 37 C.F.R. § 1.97 (e)(1) has been provided. | | | |
| | After r | receipt of a first Office Action on the merits but before mailing of a final Office Action | | | |
| | or Not | ice of Allowance. | | | |
| | | A fee is required. A check in the amount of is enclosed. | | | |
| | | A fee is required. Accordingly, a Fee Transmittal form (PTO/SB/17) is attached to | | | |
| | | this submission in duplicate. | | | |
| | | A Certification under 37 C.F.R. § 1.97(e) is provided above; accordingly; no fee is | | | |
| | | believed to be due. | | | |
| | After r | nailing of a final Office Action or Notice of Allowance, but before payment of the | | | |
| | issue f | ee. | | | |
| | | A Certification under 37 C.F.R. § 1.97(e) is provided above and a check in the | | | |
| | | amount of is enclosed. | | | |
| | | A Certification under 37 C.F.R. § 1.97(e) is provided above and a Fee Transmittal | | | |
| | | form (PTO/SB/17 is attached to this submission in duplicate.) | | | |
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Applicants would appreciate the Examiner initialing and returning the Form PTO/SB/08a/b, indicating that the information has been considered and made of record herein.

The information contained in this Information Disclosure Statement under 37 C.F.R. § 1.97 and § 1.98 is not to be construed as a representation that: (i) a complete search has been made; (ii) additional information material to the examination of this application does not exist; (iii) the information, protocols, results and the like reported by third parties are accurate or enabling; or (iv) the above information constitutes prior art to the subject invention.

In the unlikely event that the transmittal form is separated from this document and the Patent and Trademark Office determines that an extension and/or other relief (such as payment of a fee under 37 C.F.R. § 1.17 (p)) is required, Applicants petition for any required relief including extensions of time and authorize the Commissioner to charge the cost of such petition and/or other fees due in connection with the filing of this document to **Deposit Account No. 03-1952** referencing 219002028310.

Dated: September 19, 2005

Respectfully submitted,

Michael G. Smith

Registration No.: 44,422

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3811 Valley Centre Drive

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San Diego, California 92130-2332

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Substitute for form 1449/PTO Complete if Known 10/076,131 Application Number INFORMATION DISCLOSURE February 13, 2002 Filing Date STATEMENT BY APPLICANT Babu J. MAVUNKEL First Named Inventor 1625 Art Unit (Use as many sheets as necessary) C. Chang Examiner Name Sheet 1 2 Attorney Docket Number 219002028310

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| Examiner | Date | |
|-----------|------------|--|
| Signature | Considered | |



INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Sheet 2 of 2

| Complete if Known | | | |
|------------------------|-------------------|--|--|
| Application Number | 10/076,131 | | |
| Filing Date | February 13, 2002 | | |
| First Named Inventor | Babu J. MAVUNKEL | | |
| Art Unit | 1625 | | |
| Examiner Name | C. Chang | | |
| Attorney Docket Number | 219002028310 | | |

| | | NON PATENT LITERATURE DOCUMENTS | |
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| Examiner Initials | Cite No.1 | Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published. | T ² |
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^{*}EXAMINER: Initial if information considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

| Examiner | Date | e |
|-----------|------|----------|
| Signature | I _ | nsidered |

Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.